Image# 29933362251

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZ	ATION		
. 0	(See instructi	ions)	Offi	ce use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
BROOKE HOLI	DINGS INC AND JACKSON NAT	TIONAL LIFE INSURANCE (	COMPANY SEPARA	<b>A</b> -
ADDRESS (number and s	1 Corporate Way		111111	
(Check if address is changed)	1			
	LANSING		MI L	48951
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAIL	L ADDRESS (Please provide only one e	e-mail address)		
(Check if address is changed)	cindy.dolan@jacks	on.com		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 3	/ D D / Y Y Y Y Y 18			
3. FEC IDENTIFICAT	TION NUMBER	C C00254953		
4 10 THE STATEM	ENT X NEW (N) OR	AMENDED (A)		
4. IS THIS STATEMI	ENT X NEW (N) OR	AMENDED (A)		
	and their Chatamant and to the heart of much			
i certily that I have examir	ned this Statement and to the best of my kn	nowledge and belief it is true, correct	and complete	
Type or Print Name of 1	Freasurer Mr. Robert Fritt	ts		
Signature of Treasurer	Electronically Filed by Mr. Robe	ert Fritts	Date 03	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information m	ay subject the person signing this Si	tatement to the penalties	of 2 U.S.C. S437g.
	ANY CHANGE IN INFORM	ATION SHOULD BE REPORTED	O WITHIN 10 DAYS	
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-9530	ission	FEC FORM 1 (Revised 02/2009)